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June 21, 2007

MEMORANDUM

To: Personnel Managers & Representatives

From: Jackie Graham 
State Personnel Director

Subject: Donated Leave Changes

On June 7, 2007, Act 2007-293 became effective and significantly changes portions of the donated leave program. For situations approved for donated leave, the major changes are:

- State employees may give to other employees regardless of pay range.
- There is no limit on the time either given or received.
- Leave donated to an employee remains in effect 12 months.
- Leave is donated on an hour for hour basis.

In connection with these changes, there will now be two donated leave forms. The first one, Form 25 - Request For Donated Leave, is to secure approval for an employee to receive donated leave. It will require both the beneficiary employee's signature and the appointing authority's signature showing approval to accept leave given to the beneficiary employee. A physician's statement giving details of the illness/injury must be attached. As in the past, if a qualifying illness exists, an employee's job is protected for twelve weeks under the Family Medical Leave Act (FMLA). The receipt and/or use (if applicable) of donated leave does not protect an employee's job after the twelve week period covered by the FMLA is exhausted.

Additionally, as an option to the employee, this form will contain a waiver for the beneficiary employee to sign authorizing our Department to post information about the employee's situation on our website and in our other publications. If the employee wishes to use that service, it will allow other employees to be aware of the need for donated leave. Because of the sensitivity of the information, this portion of the form must be signed by the employee before the information can be posted on our website.

The second form, Form 25A - Leave Donation Request, is to be completed by the employee wishing to donate leave and his/her appointing authority. It should then be forwarded to the beneficiary's agency.

The definition of a qualifying catastrophic illness/injury has not changed. As in the past, we will not consider leave as having been donated until we have approved the request. Once approval for the employee to receive donated leave has been secured (Form 25), there is no longer an issue of retroactivity. Donation request forms (Form 25A) can then be submitted a few days after the dates for which leave was used, or not more than two weeks in advance of the time to be used.

This procedure should assist agency staff with tracking 12 months from when the leave is actually donated (when we approve the Form 25A) and should also minimize the amount not used by the employee for the purpose to which it was given. It is also a safeguard for the employees who volunteer leave to be donated: if the leave is not needed, then it is never subtracted from the donating employees' balances.

If the employee is absent more than thirty days, a Form 25 must be submitted with a recertification from the physician certifying that the employee is still incapacitated with the same illness/injury. These updates are to be completed every thirty days in order for the employee to continue to receive donated leave. The Form 25 has a place to check whether the submission is an initial request or a recertification.

If the employee is requesting donated leave as the primary caregiver for an immediate family member (as defined by the FMLA), then the physician's statement must indicate this, and explain why the employee's presence is required, in addition to providing details about the catastrophic illness/injury.

Copies of the forms are attached. They can be downloaded from our website for your use.

Attachments

STATE OF ALABAMA
PERSONNEL DEPARTMENT
REQUEST TO DONATE LEAVE

Beneficiary Employee Information		Donating Employee Information
Employee Name		
Social Security Number		
Class Code/ Pay Range	/	/
Agency/Division	/	/

Donated Leave Dates: From _____ Through _____

Sick Hours _____
Annual _____
Comp _____

Catastrophic Illness/Injury: _____

Certification of Donating Employee:

I do hereby certify that I am making this request to donate leave to the Beneficiary Employee listed above voluntarily and without coercion or other improper means. I further certify that my agency has permission to donate the above listed hours of my leave to the Beneficiary Employee listed above. I understand my leave balance will be reduced by the number of hours used should my leave be necessary for the beneficiary's illness/injury as shown above.

Donating Employee _____ Date _____

Certification of Donating Employer:

I do hereby certify that the donating employee's information listed above is correct and that this request meets the requirements of Code of Alabama §36-26-35.2 (2001).

Donating Appointing Authority _____ Date _____

Acceptance by Beneficiary Employer:

I do hereby certify for the Beneficiary Agency listed above that this request meets the guidelines for donating leave provided in Code of Alabama §36-26-35.2 (2001) and established procedures. I authorize my agency to add the total hours donated above to the Beneficiary Employee listed.

Beneficiary Appointing Authority _____ Date _____

Approved:

Personnel Director _____ Date _____